

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	E.H AM	715 917	11-27-01 01-28-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	2/16/01
Original	2/16/01
1	V
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18	V
19	V
20	V
21	0
22	0
23	0
24	0
25	0
26	V
27	V
28	V
29	V
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31	V
32	V
33	V
34	V
35	V
36	V
37	V
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39	V
40	V
41	V
42	V
43	V
44	V
45	V
46	V
47	V
48	V
49	V
50	V
51	V
52	V
53	V
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55	V
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57	V
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Claim	Date
Final	2/16/01
Original	2/16/01
51	V
52	V
53	V
54	0
55	V
56	V
57	V
58	V
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Claim	Date
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If more than 150 claims or 10 actions
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